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## BIB DATA SHEET

CONFIRMATION NO. 7359

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \* SMALL ENTITY \*\*

05/20/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	12	14	3

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## TITLE

LIMB ENCIRCLING THERAPEUTIC COMPRESSION DEVICE

FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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